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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

Signature

Signed

John E Parish

On

11-10-05
Date

606-325 8618
Telephone Number

| | |
|--|---------------|
| Name of Person Filing John Parish | File Number U |
|--|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|--|
| 8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/> |

| | |
|---|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Harrington, Thompson, Acker & Harrington, Ltd. Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 310 S Michigan Ave Ste 2000 City Chicago State Illinois ZIP Code + 4 60604 | 14 a Nature of payment. Salary and reimbursed expenses as an investigator for the law firm of Harrington, Thompson, Acker & Harrington, Ltd See Attached |
| 13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> | 14 b Amount of payment 35,826 82 |

2004
Jack Parish

| Date | Amount |
|-------------|---------------|
|-------------|---------------|

Salary

| | |
|----------|------|
| 03/15/04 | 825 |
| 03/31/04 | 825 |
| 04/15/04 | 825 |
| 04/30/04 | 825 |
| 05/15/04 | 825 |
| 05/31/04 | 825 |
| 06/15/04 | 825 |
| 06/30/04 | 825 |
| 07/15/04 | 825 |
| 07/31/04 | 825 |
| 08/15/04 | 825 |
| 08/31/04 | 825 |
| 09/15/04 | 825 |
| 09/30/04 | 825 |
| 10/15/04 | 825 |
| 10/31/04 | 825 |
| 11/15/04 | 825 |
| 11/30/04 | 825 |
| 12/15/04 | 825 |
| 12/31/04 | 825 |
| 12/31/04 | 4000 |

20500

Reimbursed expenses as an investigator

| | |
|----------|---------|
| 03/11/04 | 1395 41 |
| 04/14/04 | 1573 65 |
| 05/13/04 | 1450 49 |
| 06/17/04 | 1013 13 |
| 08/04/04 | 2101 84 |
| 08/16/04 | 1359 17 |
| 09/30/04 | 838 55 |
| 10/21/04 | 1110 84 |
| 11/22/04 | 1515 97 |
| 12/15/04 | 1513 1 |
| 12/15/04 | 1454 67 |

15326 82

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| | |
|--------------|-----------------|
| TOTAL | 35826 82 |
|--------------|-----------------|